

Broker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107089179		FILING DATE	
APPLICANT(S)									
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/	/	/	/			51		
2		/		/			52		
3		/		/			53		
4		/		/			54		
5		/		/			55		
6		/		/			56		
7		/		/			57		
8				/			58		
9				/			59		
10				/			60		
11				/			61		
12				/			62		
13				/			63		
14				/			64		
15				2			65		
16				2			66		
17							67		
18							68		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1				TOTAL IND.		
TOTAL DEP.	6		11				TOTAL DEP.		
TOTAL CLAIMS	7		10				TOTAL CLAIMS		